

Appendix A

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	<h2 style="margin: 0;">Grading and Procurement/Receipt Inspection</h2>	Form Number: SP 1-1-1 Page 1 of 2
1. Item/Service: _____ <div style="text-align: right; font-size: small;">(Describe, or reference attachments to this form)</div>		
QA Grader: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (printed name) (signature) (date) </div>		
Method of Purchase (choose one from drop-down box): _____ Supplier Name and Address: _____		
<input type="checkbox"/> I have evaluated the Supplier's performance history in providing the quality needed for the items/services and have determined that it is adequate. (SNL WIPP Supplier history is located on the NWMP on-line documents web site).		
2. QA Grading – Follow the STEPs below:		
STEP 1: (Answer questions 1-4, and check either YES or NO) Is the item or service quality affecting for any of the following areas:		
1. Computations, computer codes, models, and methods to demonstrate compliance with 40 CFR 194.	<input type="checkbox"/>	YES <input type="checkbox"/> NO
2. Procedures to support the applications for certification and recertification in accordance with 40 CFR 194.	<input type="checkbox"/>	YES <input type="checkbox"/> NO
3. Collection of data and information to support 40 CFR 194 compliance application(s).	<input type="checkbox"/>	YES <input type="checkbox"/> NO
4. The overview or independent assessment of items 1 through 3 above.	<input type="checkbox"/>	YES <input type="checkbox"/> NO
STEP 2: If ANY of the questions in step 1 was marked YES , answer the questions below to determine if the activity/material is QL-1 or QL-2.		
<ul style="list-style-type: none"> Is the activity or material CRITICAL to the quality of data which directly supports the WIPP program? If the answer to this question is YES, proceed to STEP 3, and mark QL-1 in the quality level blank provided. Is the activity or material IMPORTANT, but not critical to the quality of data which directly supports the WIPP program? If the answer to this question is YES, proceed to STEP 3, and mark QL-2 in the quality level blank provided. 		
STEP 3: Quality Level: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (QL-1 or QL-2) If revising Quality Level, indicate Revision # </div>		
QA Staff member concurrence with Quality Level: Concur <input type="checkbox"/> Do Not Concur <input type="checkbox"/>		
<div style="display: flex; justify-content: space-between; font-size: small;"> _____ (printed name) _____ (signature) _____ (date) </div>		
3. Quality Requirements: (Document any unique quality requirements/specifications needed for the item/service to meet its intended use. Unique requirements must be entered in the block below, or attached to this form and clearly referenced in the block)		
<ul style="list-style-type: none"> This item may be procured as a Commercial Grade "off-the-shelf" purchase. <input type="checkbox"/> Yes <input type="checkbox"/> No The item/service, as ordered, incorporates all quality requirements needed. <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Unique quality requirements: <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>		

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4. Procurement Review: (Technical and QA reviews are required for **all** procurements - PR, JIT, Procurement Card, Credit Card)

Technical Review: _____

(printed name)
(signature)
(date)

QA Review: _____

(printed name)
(signature)
(date)

5. Receipt Inspection: The purpose of this receipt inspection is to verify that all quality requirements/acceptance criteria specified for this item or service were met in the item or deliverable as received.

Acceptance criteria - The quality requirements listed on the reverse side of this form constitute the acceptance criteria for this item/service. If there are any acceptance criteria different than these quality requirements, list them below.

Purchase Order (PO) number and rev,
JIT Requisition number, or other ID: _____ Procurement Date: _____

1. Were the quality requirements specified for this item or service met? ☐ YES ☐ NO

(Go to Signature Block)
(Complete step 2 below)

2. Describe the deficiency in detail:

Note: After signing below, forward this form to a QA staff member for evaluation of the deficiency.

Individual who Performed the Receipt Inspection:

(printed name)
(signature)
(date of receipt inspection)

6. QA Review: (Complete this section only when items or services do not meet quality requirements.)

Is Corrective Action required in accordance with NP 16-1? ☐ Yes ☐ No

(printed name)
(signature)
(date)

Forward Original to Document Control Staff